

**OKLAHOMA DEPARTMENT OF AGRICULTURE
PLANT INDUSTRY & CONSUMER SERVICES
NOXIOUS WEED COMPLAINT/INQUIRY REPORT**

Complaint #	_____
Date Received:	_____
Received By:	_____

NAME OF COMPLAINANT: _____
 MAILING ADDRESS: _____
 HOME PHONE: _____ WORK PHONE: _____
 BEST TIME TO CALL: _____

FOLLOWING SECTION MUST BE COMPLETED **

GENERAL NATURE OF COMPLAINT OR INQUIRY: **

COMPLAINT IS AGAINST: _____

ADDRESS: * _____

PHONE NUMBER: _____

LOCATION OF AREA: _____

COUNTY: _____ **NEAREST TOWN:** _____

LEGAL DESCRIPTION OR GPS: (If known) _____

For Office Use Only:

ACTION TAKEN: _____

SIGNATURE OF COMPLAINANT: _____

DATE CLOSED: _____ **BY:** _____

Mail to: **Attn: Mike Vandeventer**
Oklahoma Department of Agriculture, Food and Forestry
Consumer Protection Services
2800 N. Lincoln Blvd.
Oklahoma City, OK 73104-4298

PICS-W-4
REV 7/01

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Highlighted areas are essential information that must be provided.

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**Phone(405) 522-5981
Fax (405) 522-5986**

<http://www.oda.ok.state.us/cps-weedhome.htm>